

Case Number:	CM14-0146141		
Date Assigned:	09/12/2014	Date of Injury:	04/09/2010
Decision Date:	10/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52 yr. old male claimant sustained a work injury on 4/9/10 involving the knee, back and neck. He underwent a cervical spine multi-level fusion in 2012 and 2013. He had a non-industrial contusion of the right knee and underwent a knee arthroscopy in 2009. He had a chronic history of asthma, hypertension and diabetes, and peripheral neuropathy. He also had nocturnal airway obstruction due to periodontal disease. A had undergone therapy for the above injuries. A progress note on 7/17/14 indicated he was 5'10" and weighed 220 lbs. According to other clinician's review of the records, the claimant had an exam on 8/4/14 indicating continued neck and back pain. There was reduced range of motion and an antalgic gait. Pain medications were offered and a recommendation for a 3 month weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

3 month supervised weight program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Reduction medications and programs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Obesity

Decision rationale: According to the referenced guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. If this goal is achieved, further weight loss can be attempted, if indicated through further evaluation. A reasonable time line for a 10 percent reduction in body weight is 6 months of therapy. For overweight patients with BMIs in the typical range of 27 to 35, a decrease of 300 to 500 kcal/day will result in weight losses of about 1/2 to 1 lb/week and a 10 percent loss in 6 months. For more severely obese patients with BMIs > 35, deficits of up to 500 to 1,000 kcal/day will lead to weight losses of about 1 to 2 lb/week and a 10 percent weight loss in 6 months. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no documentation that the claimant has undergone dietary counseling or attempted to reduce caloric intake. There is no indication of failure of these methods over 6 months. Therefore the request for 3 months of a formal weight loss program is not medically necessary.